

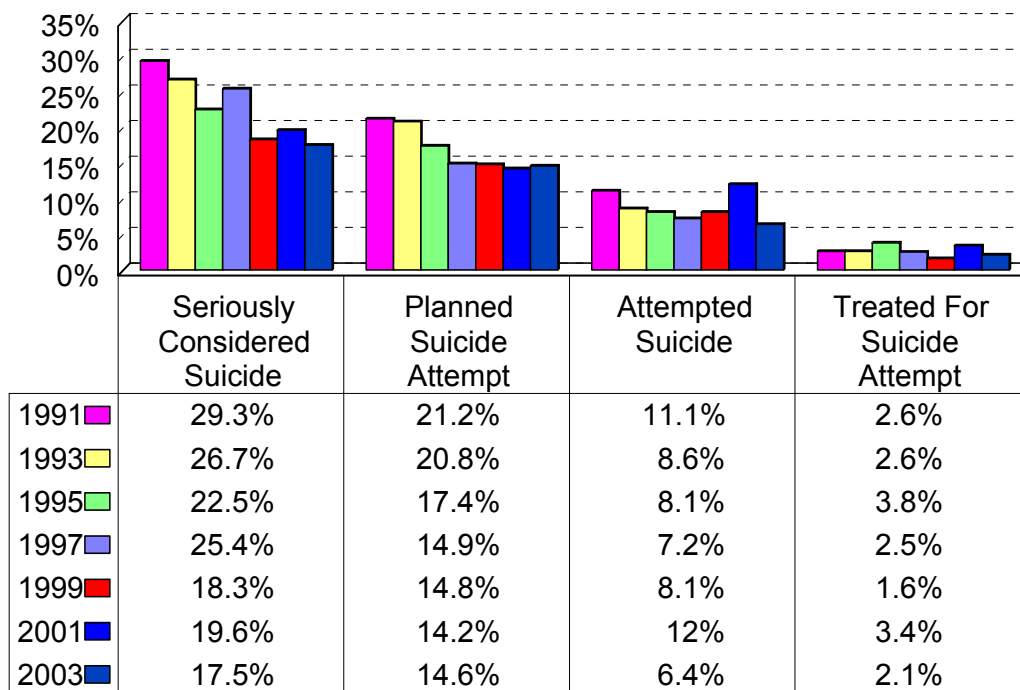
Suicide

As surprising as it may be to many, suicide is the third leading cause of death for young people aged 15 to 24. The Youth Risk Behavior Survey includes questions on feeling sad and hopeless, considering suicide, planning suicide attempts, attempting suicide, and medical treatment for injuries due to a suicide attempt.

Highlights

Figure 1 shows trends in suicidal ideation (thoughts and plans) and attempts among Lancaster county teens from 1991 to 2003. Both suicidal thoughts and plans have declined since 1991.

Figure 1: Suicide Ideation and Attempts*
High School Students, Reported During the Past 12 Months



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*Grade Adjusted

Female teens reported higher levels of depression, suicide thoughts, and suicide plans, than did male students in 2003. This was also evident in all six biannual survey years (Figure 2 & 3).

Figure 2: Suicide Ideation and Attempts*
2003 High School Students, Reported During the Past 12 Months

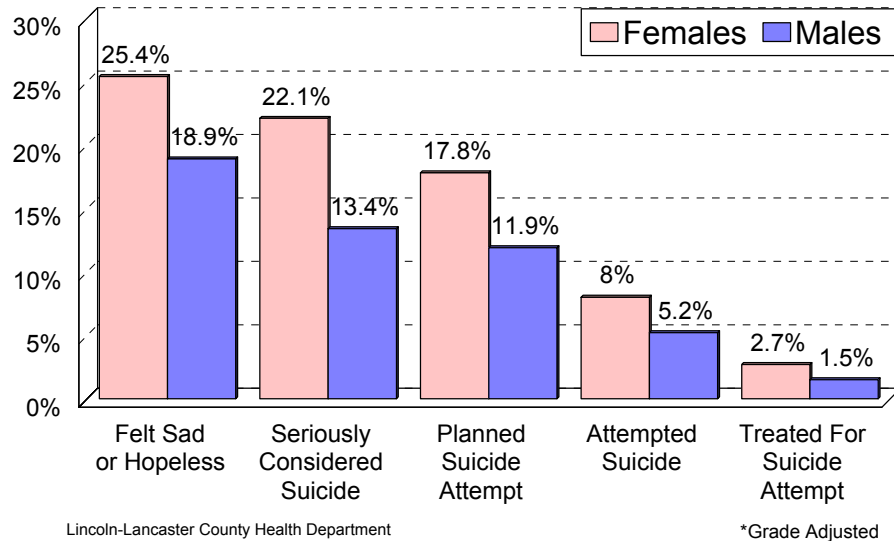
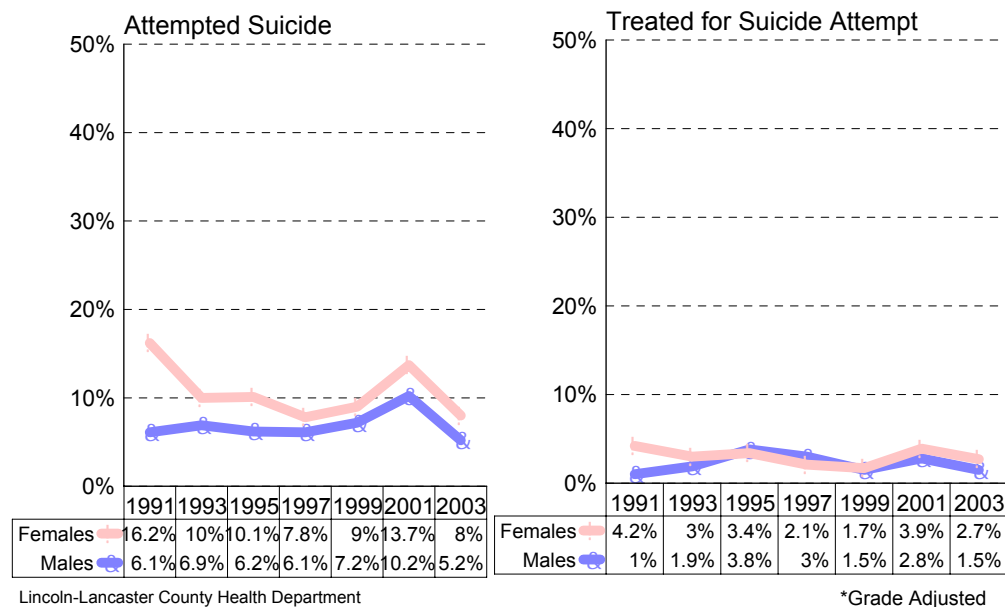


Figure 3 shows that there was little difference between the percentage of males and females who reported either suicide attempts or injuries requiring medical treatment.

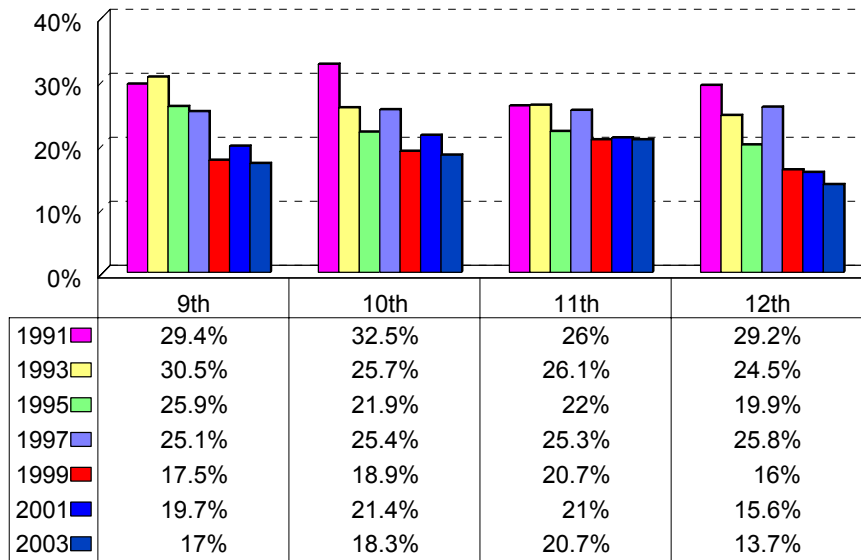
Figure 3: Suicide Attempts and Injuries*
High School Students, Reported During the Past 12 Months



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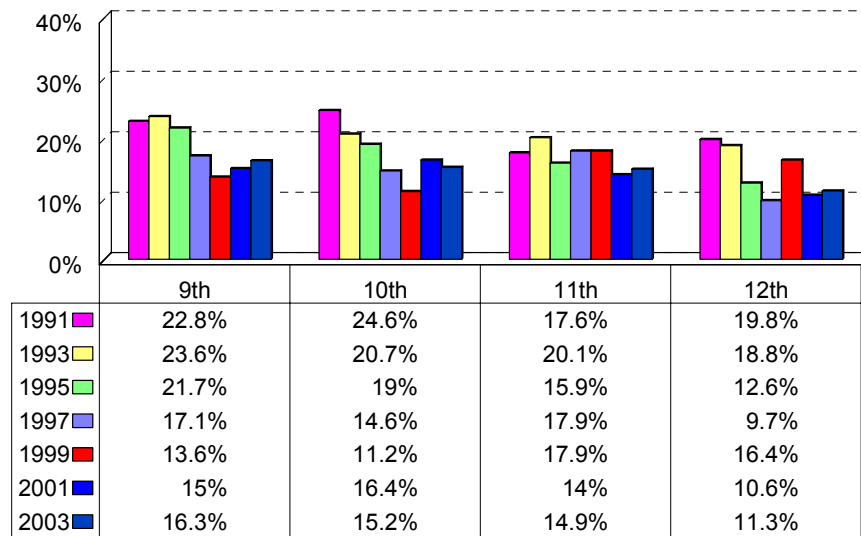
Figures 4, 5, 6, 7 and 8 present reported suicide thoughts, attempts and injuries by individual grades. These figures show that generally, 9th, 10th and 11th grade students are more likely to consider suicide than 12th grade students. Nevertheless, the percentage are still high in all grade levels, despite the positive downward trend experienced since 1991.

Figure 4: Suicide Consideration by Grade
High School Students, Reported During the Past 12 Months



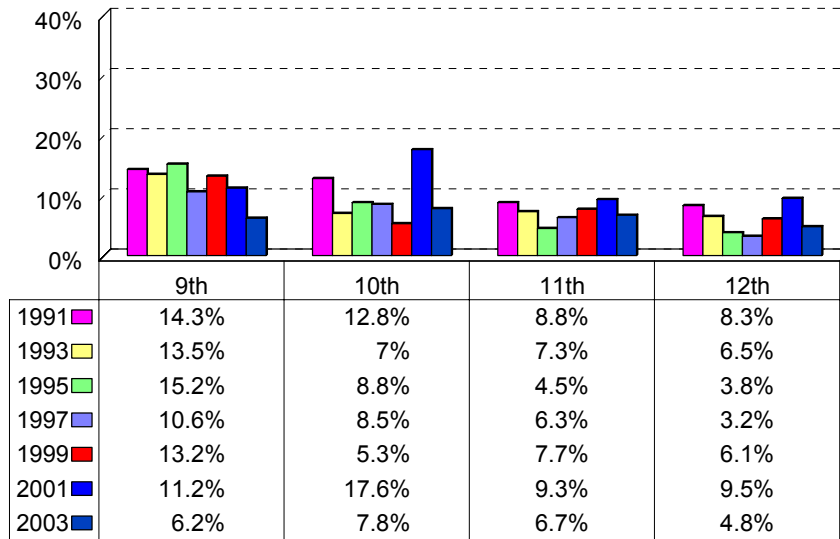
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Figure 5: Planned Suicide Attempt by Grade
High School Students, Reported During the Past 12 Months



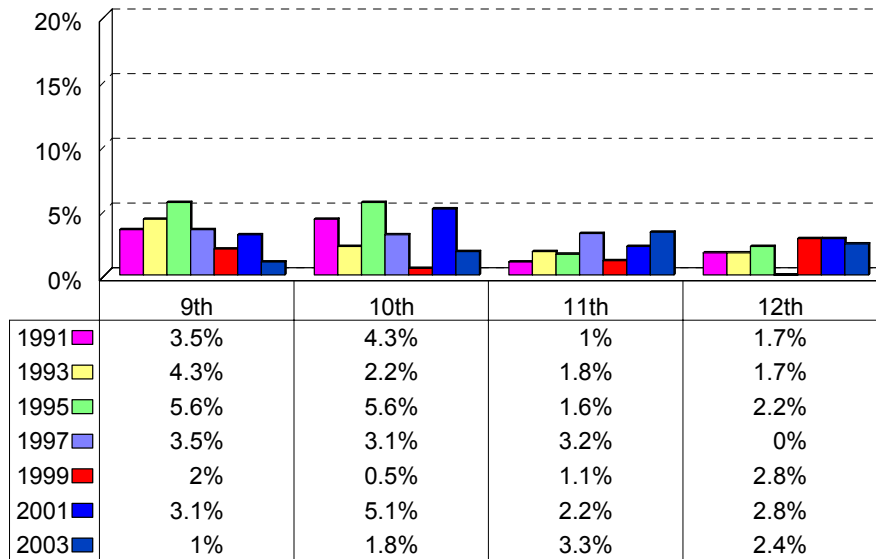
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Figure 6: Suicide Attempt by Grade
High School Students, Reported During the Past 12 Months



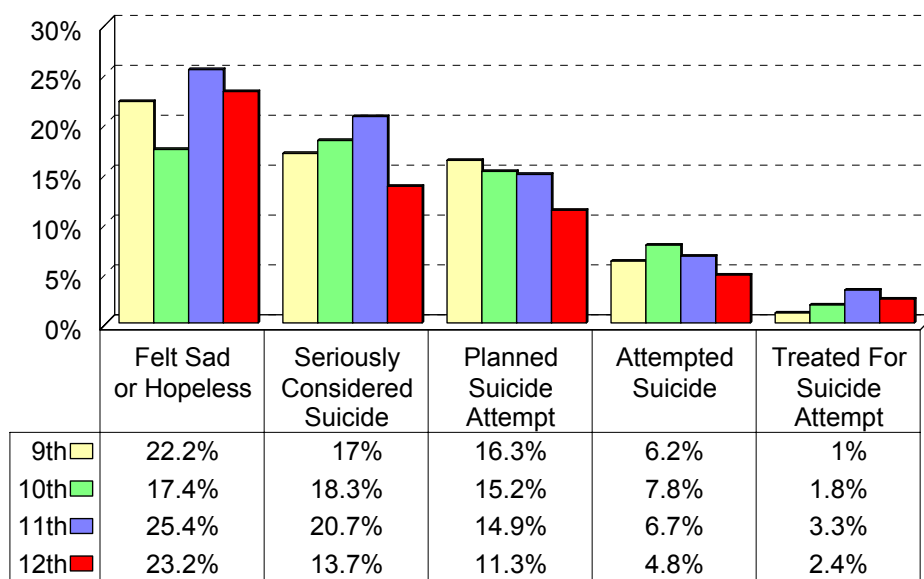
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Figure 7: Treated for Suicide Attempt, by Grade
High School Students, Reported During the Past 12 Months



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Figure 8: Suicide Ideation and Attempts
 2003 High School Students, Reported During the Past 12 Months



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Public Health Comment: Suicide

-David Humm

Nationally, suicide is the third leading cause of death for young people aged 15 to 24. Most suicidal persons desperately want to live, but they are unable to see alternatives to their problems. Most of them also give definite warnings of their suicidal thoughts, however, those closest to them are either unaware of the significance of these warnings or do not know how to respond to them. Fortunately, the number of Lancaster County high school students that have seriously considered or attempted suicide has been declining. In 1991, 29.3% of students reported seriously considering suicide and 11.1% reported attempting suicide. In 2003, those numbers are down as 17.5% of students reported that they had seriously considered suicide while only 6.4% stated they had attempted suicide.

Suicide is a complex behavior that requires intense preventive measures. The fact that many teenagers engage in risky behaviors that greatly increase their likelihood of death leads some health experts to believe that such behaviors may be suicidal in nature. For example, high school students who engage in substance abuse and/or sexual activity are more likely to attempt suicide. Scientific research has shown that recognition and appropriate treatment of mental and substance abuse disorders is the most promising way to prevent suicide and suicidal behavior in all age groups.

Nebraska began forming action groups in 1999 to look at suicide prevention planning. The action groups organized suicide prevention activities around the surgeon general's recommendations for action in three areas: Awareness, Intervention and Methodology. Representative from across the state are involved in efforts. Notably, the Southeast Nebraska Suicide Prevention Project has developed a suicide prevention curriculum that introduces risk factors, warning signs and appropriate interventions for suicide. The curricula will be used to develop and maintain local expertise in suicide prevention.